

In the Seventh Circuit Court of Davidson County, Tennessee
(Probate Division)

IN THE MATTER OF:

Respondent. Docket No.

REPORT OF PHYSICIAN

In accordance with Tennessee Code Annotated 34-13-105, the following report of the respondent is made by Dr.

- 1. Are you duly licensed to practice in Tennessee? YES NO
- 2. Have you made a personal physical and mental examination of the respondent? YES NO If YES, when?
- 3. What is the medical history of the respondent?

4. What is the nature of his/her disability or disabilities?

5. Please indicate your evaluation of the respondent in the following areas. Please check one in each category.

	Excellent	Good	Fair	Poor	Chronic	N/A
Mental Condition						
Physical Condition						
Social Condition						
Educational Condition						
Adaptive Behavior						
Social Skills						
Impact of current living conditions on his/her disability						

6. Do you feel that the respondent is in need of a Conservator or Guardian to act on his/her behalf as a fiduciary? YES NO

7. Indicate the type and scope of Conservatorship or Guardianship that you feel the respondent needs by checkmark below:

- _____ Fiduciary for his/her physical well being
- _____ Fiduciary to handle his/her financial affairs
- _____ Fiduciary to consent to medical treatment
- _____ Fiduciary to consent to relocation
- _____ No Fiduciary needed

8. Please indicate your recommendation as to the most appropriate rehabilitation plan.

Check all appropriate answers.

- _____ Physical Therapy
- _____ Bed Rest
- _____ Continued Medical Treatment
- _____ No Rehabilitation Plan Feasible

9. Is the respondent currently taking any medication? YES _____ NO _____

10. If YES, please state the type of medication and the usual dosage:

11. Please indicate how the medication of the respondent will affect the following.

Please check the appropriate response in each category.

	<u>No Affect</u>	<u>Will Affect</u>	<u>Will Impair</u>	<u>Cannot Determine</u>
Mental Condition	_____	_____	_____	_____
Physical Condition	_____	_____	_____	_____
Educational Behavior	_____	_____	_____	_____
Adaptive Behavior	_____	_____	_____	_____
Social Skills	_____	_____	_____	_____

Physician: _____

Address: _____

Date _____, 20_____

State of Tennessee
County of Davidson

Sworn to and subscribed before me this ____ day of _____, 20_____.

Notary Public
My Commission Expires _____